

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: <u>0 3 — 0 0 5</u>	2. STATE: Puerto Rico
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE August 13, 2003	

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.51 through 447.58(a); 1916(a) and (b) of the Act; P.L. 99-272 3-9505

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 54/55 of Section 4.18 (viii)

*** See Remarks

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Page 54/55 of Section 4.18 (viii)

Puerto Rico (03-005)

*Approved: 02/24/04
Effective: 08/13/03*

10. SUBJECT OF AMENDMENT:

Cost Sharing

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Johnny Rullán, MD, FACPM

14. TITLE:

Secretary of Health

15. DATE SUBMITTED:

September 26, 2003

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEP 30 2003

18. DATE APPROVED:

FEB 24 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/13/2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Sue Kelly

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

Originally submitted pages have been revised, replaced and approved.

Revision: HCFA-AT-91-4(BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: [Puerto Rico]

Citation 4.18 Recipient Cost Sharing and Similar Charges

42 CFR 447.51
through 447.58

- (a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.
- (b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:
- (1) No enrollment fee, premium, or similar charge is imposed under the plan.
- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
- (i) Services to individuals under age 18, or under--
- [] Age 19
- [] Age 20
- [] Age 21
- Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.
- (ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

 x **Cost Sharing is Not Applicable**

TN # 03-05
Supersedes TN # 92-2

Effective Date 08/13/2003
Approval Date ~~FEB 24 2004~~

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: [Puerto Rico]

Citation 4.18(b)(2) (Continued)

42 CFR 447.51
through
447.58

(iii) All services furnished to pregnant women.
women.

☐ Not applicable. Charges apply for services to
pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient
in a hospital, long-term care facility, or other medical
institution, if the individual is required, as a condition of
receiving services in the institution to spend for medical
care costs all but a minimal amount of his or her income
required for personal needs.

(v) Emergency services if the services meet the
requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to
individuals of childbearing age.

(vii) Services furnished by a managed care organization,
health insuring organization, prepaid inpatient health
plan, or prepaid ambulatory health plan in which the
individual is enrolled, unless they meet the requirements
of 42 CFR 447.60.

42 CFR 438.108
42 CFR 447.60

☐ Managed care enrollees are charged
deductibles, coinsurance rates, and copayments
in an amount equal to the State Plan service
cost-sharing.

☒ Managed care enrollees are not charged
deductibles, coinsurance rates, and copayments.

1916 of the Act,
P.L. 99-272,
(Section 9505)

(viii) Services furnished to an individual receiving
hospice care, as defined in section 1905(o) of
the Act.

TN # 03-05
Supersedes TN # 92-2

Effective Date 08/13/2003
Approval Date FEB 24 2004